

SIMPLIFIED BUFFER MANAGEMENT PLAN

Complete all sections below.

NOTE: PROPERTY OWNER MUST SIGN IN SECTION 8 OR THE PLAN WILL BE RETURNED WITHOUT APPROVAL

1. Applicant Information

Name: <u>Martha Washington</u>		
Address: <u>123 Creekside La.</u>		
City: <u>Rivertowne</u>	State: <u>MD</u>	Zip: <u>45678</u>
Telephone: <u>(410) 555-7890</u>	E-mail address: <u>mwash@tmail.com</u>	

2. Property address if different than above

Address: <u>Same as above</u>		
City:	State:	Zip:
Tax Map: <u>12</u> Parcel: <u>23</u> Lot: <u>34</u>		

3. Proposed activity must be one of the following: (check all that apply)

Access to pier or shoreline <input type="checkbox"/>	Removing invasive vegetation* <input type="checkbox"/>	Filling to maintain existing lawn <input type="checkbox"/>	Removal of tree in danger of falling <input checked="" type="checkbox"/>
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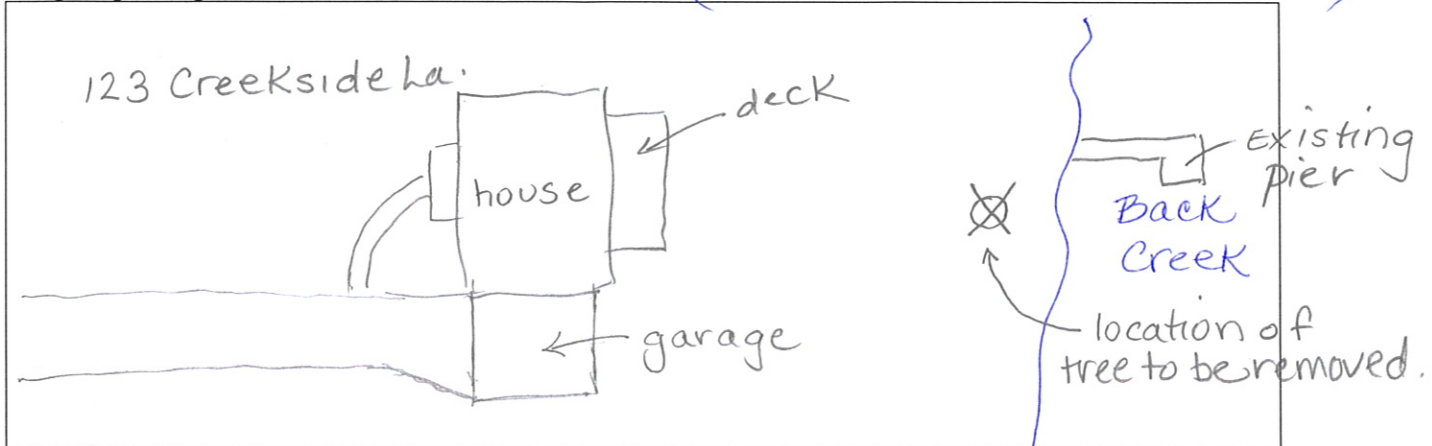
4. Describe proposed work within the Buffer:

I would like to cut down one (1) existing tree within Buffer. It is a locust which was damaged during winter ice storm and is now leaning towards pier & water. I will have stump ground in place and would like to make a planting bed in that location.
(Please see photos attached.)

PLEASE COMPLETE REVERSE SIDE

5. To minimize review time, attach photos or provide sketch of property, highlighting area of work:

(Photos also attached.)*



6. Site restoration or replanting (must include mulch or ground cover for any areas disturbed; new lawn areas prohibited):

Area around existing tree will be covered in mulch and planted as flower bed. Replacement tree - a 1 1/2" caliper willow oak - will be planted in bed as well.

*Note: For invasive vegetation removal, natural regeneration may be utilized. Area must be stabilized. If regeneration of native species does not occur within 2 years of invasive removal, the area should be replanted.

7. Estimated dates for proposed work and mitigation:

Work will be completed by:

May 1, 2011

Restoration will be completed by:

Nov. 1, 2011 (Flower bed established immediately, tree planted in fall)

8. Certification:

I certify that the information on this form is true and accurate to the best of my knowledge and belief. I understand that County personnel may contact me and arrange to inspect the work. I will abide by this plan if approved and will not conduct any work beyond the limits of this plan.

**PROPERTY OWNER SIGNATURE:

Martha Washington

DATE:

April 1, 2011

NOTE:

****PLAN IS CONSIDERED INVALID WITHOUT A PROPERTY OWNER SIGNATURE**

